Community Ties of America, Inc 45-955 Kamehameha Highway, Suite 300 Kaneohe, HI 96744

Address: 98-939 Moanalua Road Aiea, HI 96701

Adult Day Care Center (ADCC)

Deficiency Report

Date of F	Date of Review: 8/22/19  Check H.A.R. 17-1424  Item Chapter #	Date Corrective Action Plan is Due: Chapter Heading	Rule # and Non-Compliance findings
웃	ω	Application for Certificate of Approval	
욧	11	Administration	
웃	12	Personnel and Staffing	
웃	13	Admissions	
웃	14	Participant Fees	
웃	15	Transportation	
S S	16	Services for Center Participants	
웃	17	Physical Location	
ę	18	Fire Protection	
웃	19	Other Disasters and Evacuations	
The CT.	A Compliance Manage	er has reviewed the above items with m	The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a

written plan of correction to CTA within the timeframe stated above. SIGNATURE: PRINT NAME: If this box is checked then I understand that I met all requirements and no corrective action is required Date: 8-22-19

Date: 8/22/19

Compliance Manger Signature